Honouring Aspirations
Increasing access to IPS employment support in Aotearoa NZ

Position statement from the Mental Health and Addiction Reference Group

Moving from policy thinking to policy implementation - a targeted programme of inter-agency action.

10 September 2021

Purpose

As we transform New Zealand's mental health and addiction system, it is crucial that changes honour peoples' desire to be employed and develop careers, by integrating mental health, addiction and employment support services.

Most people with lived experience of mental health and addiction issues consider returning to employment as an integral part of recovery. Yet, labour market participation rates remain well below the general population and the number of people claiming benefits with mental health issues as the primary reason for claiming, continues to rise.

These employment disparities are greatest for Māori and Pasifika peoples with mental health or addiction issues, and people in contact with secondary mental health and addiction services. For example, a recent Finnish study found that less than 15% of people with schizophrenia return to work after their first hospitalisation (Hakulinen et al., 2020).

These inequities result from setting up separate policy, funding, and delivery systems - for health, for financial welfare support, and for supporting return to work.

This separation is based on an old paradigm of thinking, now disproven, that when unwell people are 'signed off sick from the workplace to receive health treatment' and once 'cured' return to work either through their own supports, that of their employers, or through some signposting by the welfare service.

Thirty years of rigorous international research combined with 15 years of delivery experience in Aotearoa we know the most effective way to support people into jobs and improve mental health and wellbeing are when employment support services are integrated with mental health and addiction care and treatment.

Integrating health and employment support services ensures employment support is provided much earlier in a person's recovery, is coordinated with healthcare, and clinical treatment is tailored to support the person's working life. Integrated employment support in health settings prevents people moving onto health-related welfare benefits.

A set of principles and practices, known collectively as **Individual Placement and Support (IPS)** provide the roadmap for effectively delivering mental health, addiction and employment support services together. Access to IPS integrated employment support services increases a person's chance of returning to work by 2-3 times, compared to current separated employment and health services.

This position paper outlines what we can all do to build the inter-agency policy and funding environment to move us from policy thinking to policy implementation to increase access to IPS employment support and honour peoples' employment aspirations.

The position paper aims to unite the health, employment, and welfare sectors in collaborative action.

New Zealand is poised for scale-up

The OECD Mental Health and Work report (2018) noted that New Zealand is in a good starting position to scale-up access to evidence-based integrated employment support for people with mental health and addiction issues:

"There is a high level of awareness from all stakeholders of the need for action in the mental health and work space and widespread agreement on the main barriers and most promising ways forward".

Stakeholders understand the:

- value of work to mental health and wellbeing
- role of work in improving recovery for mental health and addiction issues
- effectiveness and cost-effectiveness of integrated health and employment support.

Yet in assessing New Zealand against the OECD Recommendation of the Council on Integrated Mental Health, Skills and Work Policy found that much remains to be done:

> *"Mutual understanding of what should be done has not translated sufficiently into real change. There are many good building blocks within the system, but a number of systemic barriers hinder reform and the improvements of outcomes"* (OECD, 2018, p. 21).

The result is that access to integrated mental health and employment support continues to be extremely low. A recent evaluation by MSD found that IPS integrated employment services are effective, but only 4% of people in contact with secondary mental health and addiction services had access to them in a three-year period. The authors concluded that:

> *"the findings lend support to efforts for the Ministry of Social Development and the Ministry of Health to work together to expand access to IPS in health settings, with health-leadership", and suggest: "IPS will form a useful part of a strategy of early intervention to enhance employment through the disruptions caused by the COVID-19 pandemic" (*Cram et al., 2020, p. 5).

More than 20 years ago a Mental Health Commission report called for an integrated public policy response to support the coordination of mental health, addiction and employment services (Mental Health Commission, 1999).

Inter-agency policy shifts signal support for scale-up

Since the OECD report findings, the cross-government policy environment has shifted, signally the way forward to scale up access to IPS employment support. Building on the recommendations of *He Ara Oranga*, to offer quality employment support as part of increasing access and choice in mental health and addiction services, *Kia Kaha, Kia Māia, Kia Ora Aotearoa: the psychosocial and mental wellbeing recovery plan* commits to the importance of integrating mental health, addiction and employment support and partnering across government agencies. Highlighting specifically the importance of integrating health and social services and ensuring people who are disadvantaged in the labour market are able to access employment support services.

Working Matters – an cross-agency action plan to ensure disabled people and people with health conditions have an equal opportunity to access employment, has as one of the six priority areas of access "more and better employment services", including increasing access to integrated IPS employment services for people with mental health and addiction issues. Similarly, *Te Pae Tata MSD's Māori Strategy and Action Plan* prioritises economic security and increasing employment opportunities for whānau and hapū. The mental health and cultural wellbeing of whānau, hapū and iwi experience is a measure of success.

Furthermore, the recent announcement (August 2021) of the expansion of IPS employment support in the Auckland and Counties Manukau DHB regions, will be the first joint commissioning of IPS employment support with investment from both Vote Health and Vote MSD.

New Zealand research and experience supports IPS scale-up

A programme of research and evaluation has examined the effectiveness of integrated health and employment support, alongside fifteen years of implementation experience. This includes MSD evaluations of the Waitematā DHB and Take Charge IPS employment support trials, a retrospective evaluation of the IPS employment support programmes funded through Vote Health in five DHB regions, and an HRC-MSD funded systematic review of what works to support people with long-term health issues into employment. In summary, research and implementation experience has found:

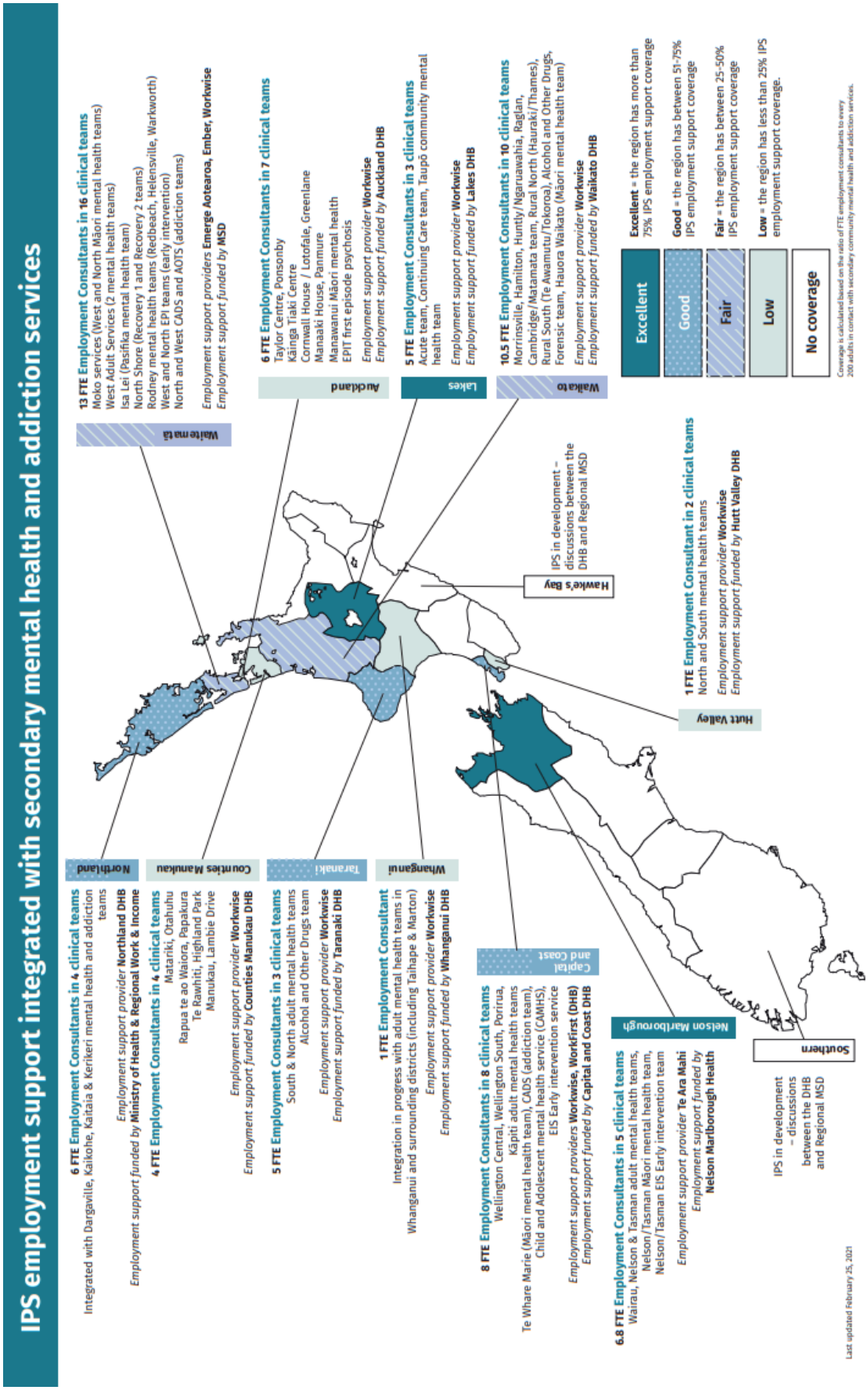
- in New Zealand, for people who have access to IPS integrated employment support, employment outcomes align with or exceed international performance benchmarks
- Of all research on what works to help people with health issues into employment, the IPS approach is the intervention with the strongest evidence base for effectiveness, across secondary and primary health settings.
- IPS employment support practices address the barriers to securing and maintaining employment by integrating employment consultants with health treatment teams, offering personalised job search, financial advice, and on-going support once working
- IPS employment support programmes can be effectively funded and delivered through partnerships between MSD and DHBs
- The principles align with Te Ao Māori, and uptake and outcomes are equitable for Māori and Pasifika peoples
- Training, technical assistance and regular fidelity (quality) reviews are needed to ensure the delivery of high-quality employment support and clinical partnerships.
- Local clinical buy-in and leadership are crucial to good implementation.
- New region set-ups are effective when started small, 2-4 employment consultants in one or two clinical teams.

Individual Placement and Support principles and practices

These practices are adopted by both clinical teams and employment specialists.

1. **Zero exclusion** — a person's desire to be employed is the only criterion for access to employment support. Personal experiences like work history, current mental health symptoms, addiction, and convictions do not affect access, but are used to tailor the intensity of employment support.
2. **Individually tailored** — the employment support is person centred, focusing on what a person would like to do and their skills and experience.
3. **Rapid job search** — there are no lengthy preparations for looking for work, job search starts within four weeks of being referred to an employment specialist.
4. **Focus on competitive employment** — this is jobs in the open labour market paying minimum wage or above, and not jobs reserved for people with mental health and addiction issues.
5. **Financial guidance** — people are assisted to understand the financial implications of taking up work. Employment support services have excellent working relationships with local Work and Income staff.
6. **Job development** — employment specialists are actively out and about in the local community helping to identify and create job openings and opportunities. They do not rely only on job adverts and vacancies.
7. **Ongoing support to the employee and employer** — the person and the employer get ongoing support once employment commences, as needed.
8. **Employment and clinical support are integrated** — support is coordinated and driven by the person. Treatment plans consider employment aspirations and employment status and health care is work-focused, supporting wellbeing.

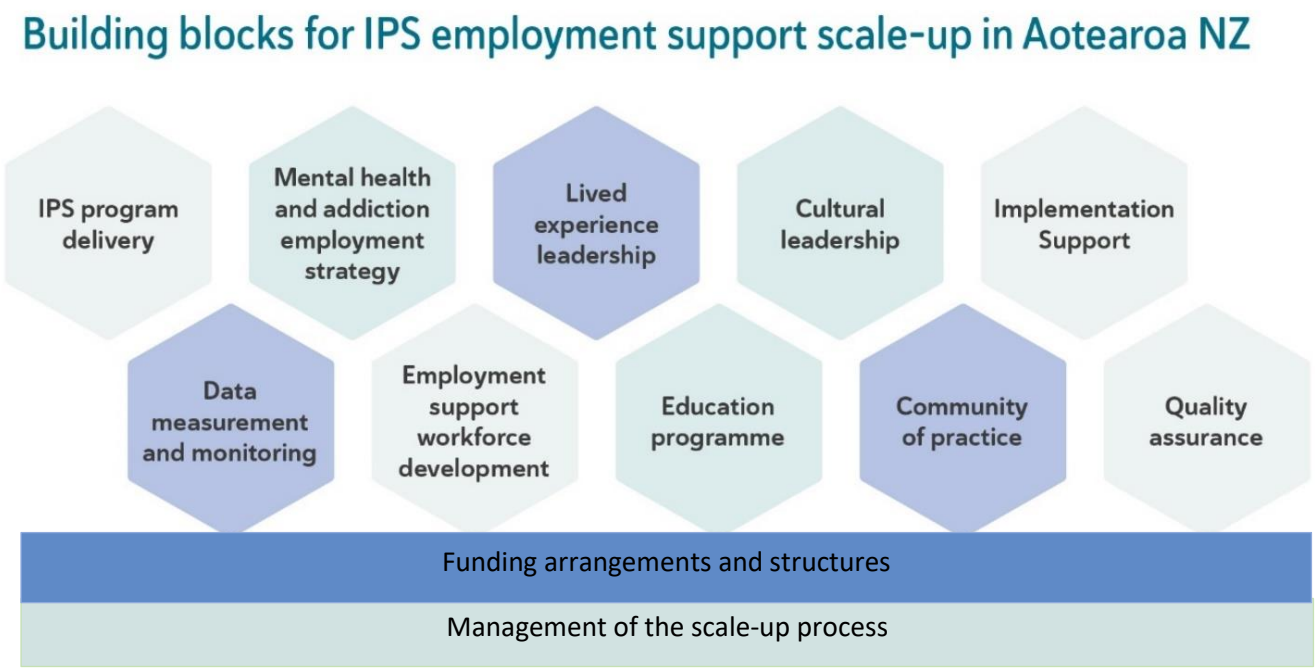
Current IPS employment support coverage



Increasing access and achieving equity: IPS employment support scale up action plan

Increasing the availability of IPS employment support in Aotearoa NZ is possible and feasible over the next five years. Scale up will achieve an increase in access and address the current inequities in access.

The IPS employment support national steering group have identified ten essential infrastructure building blocks to support scale-up.



Ideas for an inter-agency plan for IPS employment support scale up

Priority action area	Agency responsible
1. Protect existing IPS employment support services During this transition phase of the H&D system it is crucial we do not lose the current level of IPS employment support	
Ensure continuity of all existing DHB contracts for IPS services to June 2023 Letter sent from the MH&A Reference Group?	DHBs
Ensure IPS employment support identified as core service in the new systems and services framework.	MoH
2. Expand to new, high needs areas	
Targeted investment to start-up IPS programmes in areas of high need and no current access to IPS employment support	MSD/MoH
Guidance to DHBs and Regional MSD on starting up IPS employment support	MSD / steering group
3. Build on existing IPS employment support services	
Give Regional MSD Commissioners the mandate to joint purchase with DHBs who are currently investing in IPS programmes	MSD
Explore options for central contracting of IPS employment support	MoH/MSD
Build the infrastructure for IPS scale-up including training and technical assistance, cultural and lived experience leadership	MSD/MoH HWNZ/workforce centres
Invest in a rolling programme of fidelity reviews across the country	MSD/MoH
4. Attitudinal shifts and practice changes	
Health agencies to lead by example as exemplary employers of people with mental health and addiction issues	DHBs / HNZ /MHA
Develop and run awareness and anti-discrimination campaign which focuses on the value people with MH&A issues have as employees targeted in health settings and business	HPA?
5. Policy and funding changes	
Develop and sign off an agreement between the Ministries to jointly support and invest in IPS scale-up	MSD/MoH
Establish employment as a key performance indicator for mental health and addiction services	MoH
Prioritise access to mental health and addiction support as a performance indicator in the employment and welfare system	MSD
Specify that IPS employment support is a core service in the new national systems and services framework, so all health localities must have integrated employment support	MoH
Ensure IPS scale-up plan is integrated into the long-term pathway for mental health and addiction services.	MoH
Monitor the implementation of the OECD mental health and work recommendations, and this scale-up plan, alongside the implementation of He Ara Oranga	MH & Wellbeing Commission
6. Primary mental health and addictions services	
Invest in IPS employment consultants in the roll out of primary mental health and addiction services	MSD / MoH
Deliver '*Let's talk about mental health and work'* to health practitioners in the primary care mental health and addiction services	HWNZ
Delivery '*Let's talk about mental health and work'* to Work & Income case managers	MSD
Measure employment status of people in the primary MH&A services	PHOs

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The National Mental Health & Addiction Reference Group is a collaborative forum where General Managers Planning and Funding, General Managers DHB Mental Health & Addiction Services and DHB Mental Health Clinical Directors, representing the 20 District Health Boards, come together with the Ministry of Health and Lived Experience representatives to make recommendations on issues that affect the commissioning (planning & funding) of mental health and addiction services nationally.

The group works collaboratively to provide strategic commissioning leadership that improves mental health & addiction health outcomes for New Zealanders through the planning, funding and provision of mental health and addiction services - with a focus on equity.

The group aims to develop a work plan and make decisions and make recommendations that support:

- The planning of mental health and addiction services across our DHBs
- The pricing and funding of mental health and addiction services
- The commissioning of services to support the implementation of He Ara Oranga
- Improved commissioning of all mental health & addiction services
- The wise allocation of resources to support improved health outcomes.
- Acting as good stewards of public funds, making the best use of available resources.
- The long-term sustainability of services, future pressures and future development options.

Membership:

	DHB GM Planning and Funding	**DHB GM Mental Health and Addiction**	**DHB MH&A Clinical Director**
Northern	Debbie Holdsworth (ADHB)	Hineroa Hakiaha (ADHB) Alison Hudgell (ADHB)	Ian Soosay (CMDHB)
Midlands	Karen Evision (Lakes DHB)	Vicki Aitken (Waikato DHB)	Fiona Miller (BoPDHB)
Central	Emma Foster (Hawkes Bay DHB)	Karla Bergquist (MHAIDS)	Peter McGeorge (MidCentral DHB)
Southern	Tracey Maisey (CDHB)	Louise Travers (SDHB)	Sigi Schmidt (CDHB)
Lived Experience	Magdel Hammond, National Manager, Mind & Body		
Ministry of Health	Phil Grady, Acting DDG, Mental Health & Addictions Directorate		

Appendix 1: Structural inequities that are impeding scale-up

Structural inequities are reflected through institutions and systems that treat people with mental health and addiction issues as being less treatable and less deserving of care. They often reside in laws and institutional guidelines, policies and procedures that result in the inequitable distribution of funding and resources.

The key to success is to identify and address any structural inequities that are preventing the development, expansion and uptake of evidence-based interventions and then working across the relevant sectors to address them.

The following table identifies some of the structural inequities that are impeding the scale-up of IPS.

Barrier	**Mitigation**
Different FTE pay rates between Health and MSD	Pay parity across sectors

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